



## Affidavit for Identification Card for Voting Purposes

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

I hereby swear or affirm that I am eligible for a free identification card for voting purposes pursuant to O.C.G.A. §40-5-103(d). I am eligible for this card because:

1. I desire an identification card in order to vote in a primary or election in Georgia;
2. I do not have any other form of identification that is acceptable under O.C.G.A. § 21-2-417 for identification at the polls in order to vote;
3. I am registered to vote in Georgia or I am applying to register to vote as part of my application for an identification card; and
4. I do not have a valid driver's license issued by the State of Georgia.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Notary:  
Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Seal

**For DDS Use Only:**

ID: \_\_\_\_\_

SSN: \_\_\_\_\_